

Guidelines and Justifications

GENERAL

- Exceeding recommended guidelines for services should be time limited (not to exceed more than a 90 day period) and should be reviewed quarterly.
- Increases to budgets will be strictly scrutinized and should not be submitted. Exceptions would include:
 - Environmental Modification/Specialized equipment needed for mobility
 - Supported Employment due to transfer of case from Vocational Rehabilitation
 - Change in condition/living environment affecting health and safety of the individual

Guidelines and Justifications

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CCBs

- All justifications need to be included in the HCBC comment section.
- Changes to updates need to be noted in Alteration Comments, but the justification needs to be updated in the HCBC comment section.

ICLBs

- All justifications need to be included in the space indicated on the ICLB form

Guidelines and Justifications

GENERAL

IMPORTANT

Cooperation with submitting ICLBs and CCBs with adequate justification and within the guidelines will ensure timely processing of the budget.

Guidelines and Justifications

CASE MANAGEMENT

- Guideline for Case Management is 6 hours per month which includes:
 - Compliance with requirements of 460 IAC 6 and 7
 - Monitoring of service delivery and utilization via telephone calls, home visits, team meetings
 - Monitoring individual satisfaction and service outcomes
 - Monitoring EDS paid claims
 - 90 - day reviews
 - Ensuring completion and monitoring of Individualized Support Plan using person centered planning process

Guidelines and Justifications

CASE MANAGEMENT

- Guideline for Case Management is 6 hours per month which includes:
 - Developing annual Cost Comparison Budgets and updating as needed
 - Incident Report completion, submission and follow-up
 - Oversight and initiation of the Annual Assessment Process (Level of Care)
 - Advocacy for the individual
 - File Maintenance

Guidelines and Justifications

CASE MANAGEMENT

- Reasons to exceed 6 hours would include:
 - Medical or Health related crisis/concerns
 - Behavioral crisis/concerns
 - Family-related crisis/concerns
 - Transitioning of placement
- Justification to exceed 6 hours of CM must include:
 - What specifically are the activities the CM will be providing with the additional hours?
 - What is the expected outcome of these additional hours?
 - Why is it necessary?
 - What is the plan to reduce case management hours?

Guidelines and Justifications

RESIDENTIAL HABILITATION AND SUPPORT

- The guidelines for Residential Habilitation and Support services are:
 - 1 person setting = no more than 18 hours of RHS per day per household
 - 2 person setting = no more than 30 hours of RHS per day per household
 - 3 person setting = no more than 40 hours of RHS per day per household
 - 4 person setting = no more than 50 hours of RHS per day per household

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RESIDENTIAL HABILITATION AND SUPPORT

- Justification for Residential Habilitation and Support must include:
 - A description of how this service is being utilized by the individual as indicated in the Individualized Support Plan.
 - If exceeding the limits:
 - Specific reasons for no housemate
 - Specific reasons for inability to share more hours with housemates
 - Specific plan to locate housemate or share more service hours
 - Explanation how issues are being addressed

Guidelines and Justifications

COMMUNITY HABILITATION AND PARTICIPATION (CHP)

- Guideline for CHP services are as follows:
 - CHPF -- hard cap of one hour per day
 - CHPI -- hard cap of 25 hours per month
 - Activities are strictly limited to those supporting the service definition.
- Justification for CHPI needs to list specific activities being used for this service, including an explanation on how this activity is being used to facilitate and build relationships and natural supports and what specific skill acquisition is being developed.

Guidelines and Justifications

BEHAVIORAL SUPPORT SERVICES (BMAN,BMN1)

- Six hours per month is the guideline for Behavioral Support Services and this six hours includes:
 - Observation of the individual and environment for purposes of development of a plan to determine a baseline
 - Development of a behavioral support plan and any subsequent revisions
 - Training in assertiveness
 - Training in stress reduction techniques
 - Training in the acquisition of socially acceptable behaviors
 - Consultation with team members
 - Consultation with HSPP

Guidelines and Justifications

BEHAVIORAL SUPPORT SERVICES (BMAN,BMN1)

- Justification for Behavioral Support Services must include the following:
 - List target behaviors being addressed with behavioral support services
 - If over 6 hours per month, provide a detailed explanation including what specific activities are being provided by the behavioral specialist to support the on-going need for the requested amount of hours.

Guidelines and Justifications

RESPITE

- The guideline for Respite services is \$2,000 per year. This is a hard cap for Support Services Waiver and the State Respite Contract
- Justification for Respite must include:
 - Specific purpose of the Respite

Guidelines and Justifications

ALL THERAPIES

- The guideline for all therapies is that services under the Medicaid State Plan or private insurance should be pursued prior to requesting the service on the waiver.
- Justification for any therapy services must include:
 - State that Prior Authorization was submitted and denied
 - List denial reason for PA
 - List specific outcomes expected from the therapy.

Exception Review Team

- Team has been formed to review all cases where RHS has exceeded the policy limits
- As Waiver Specialists review the CCB, if the CCB exceeds the limits, these CCBs will be forwarded to a special Supervisor Hot list
- These will be reviewed weekly, and the team will communicate directly with the case manager requesting any additional information to make an evaluation

Exception Review Team

- The Exception Review Team may request more information including, but not limited to:
 - For Behavioral Issues
 - Related Incident Reports
 - Behavioral Support Plan
 - Individualized Support Plan
 - Service provider case notes documenting behavior
 - Documentation of the attempts to utilize other supports to address associated issues
 - For Medical Issues
 - Incident Reports (if relevant)
 - Current medical history documentation related to the medical needs
 - Documentation of the attempts to utilize other supports to address associated issues

Effective Dates and Budget Submissions

- All service changes will have an effective date of March 1, 2004.
- Revised CCBs need to be submitted as follows:
 - January 21 District 7
 - January 22 District 8
 - January 23 District 1
 - January 26 District 2
 - January 27 District 3
 - January 28 District 5
 - January 29 District 4
 - January 30 District 6

Effective Dates and Budget Submissions

- New ICLBs for services starting March 1, 2004 or after need to be submitted on the new form available February 1, 2004.
- Revised ICLBs need to be submitted by February 15 for services beginning March 1, 2004.
- T05 Revisions are still due on January 16, 2004
- Future ICLB and CCB should be submitted 6 weeks prior to expiration or implementation of new services
- Emergency ICLBs and CCBs should be submitted the next business day

Upcoming Issues

- Addressing issues of “Planned Activities” for individuals receiving RLA on ICLB
- Process for flexibility of RHS Services
- Assessment for Health Care Coordination
- Cap on Behavioral Support Services of 6 hours per month for DD, Autism, Support Services Waivers and ICLB
- Cap on Respite of \$2,000 per year for DD and Autism Waivers (already capped on SSW)
- Electronic version of ICLB

Upcoming Issues

- Revision of BDDS Service Definitions for July 2004 Grant Agreements
- Revision of DD, Autism, and Support Services Manuals (into one combined manual)
- Revised ICLB Guidelines
- Revised Case Management Manual

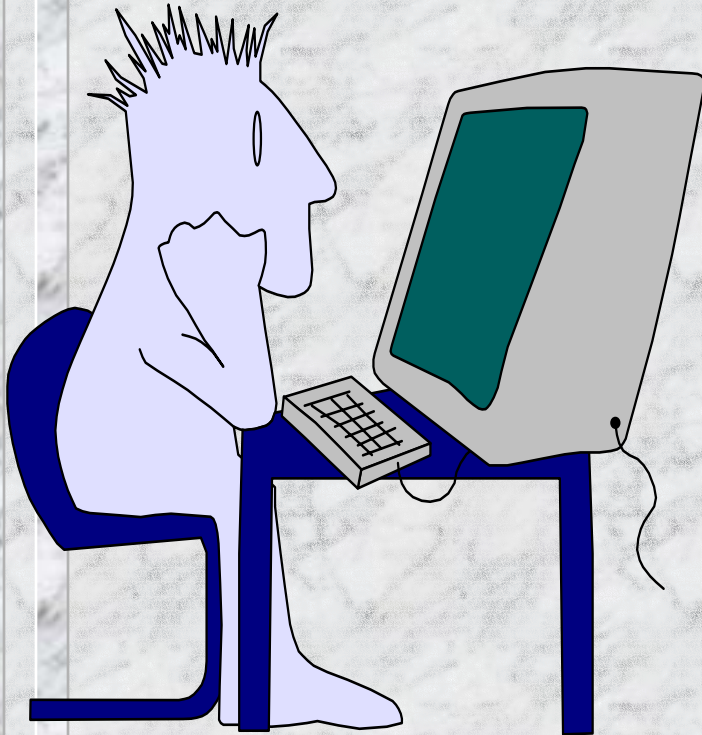
Summary

- Service changes effective March 1, 2004
- All CCBs and ICLBs should be submitted according to the schedule provided
- Cooperation in following the guidelines and justification requirements will expedite the process
- Respite guideline is \$2,000 per year



Direct all Questions to:

BDDShelp@fssa.state.in.us



This presentation and additional information regarding Cost Containment may be found at:

www.in.gov/fssa/servicedisabl